



Financial Responsibility Form

Dr. David J. Matthews, OD

Dr. Jeffery S. Pockl, OD

2421 Devine Street • Columbia, SC 29205 • 803.376.4545 phone • 803.254.2324 fax

Thank you for choosing Devine Eyes to serve you and your family for your optometry care!

Insurance:

Devine Eyes will make every effort to help you get the maximum benefits from your insurance plan(s).

However, Devine Eyes cannot guarantee that every item billed to your insurance will be covered by your plan.

Please understand that insurance usually does not pay for any service in full and that your plan(s) may not cover some services at all. You are responsible for any services not covered under your insurance plan.

The staff of Devine Eyes will gladly answer any questions you may have about your coverage before services are rendered.

Co-payments/Coinsurance- and Deductible amounts:

Are due at time of service.

Self-pay Patients:

Payment is due at time of service for your visit.

Customized Eye Glasses:

(Please refer to our customized eye glass policy for details.)

Fees:

* We offer Retinal Imaging (OPTO-MAP) instead of Dilation (see information sheet at the Front-Desk) – Retinal Imaging is not covered under the basic wellness exam by your insurance. The cost for the test is \$30 and payment is due at time of service.

* SC-DMV: Certificate of vision examination, \$10.00 fee.

* Returned checks are subject to a \$30.00 fee.

* If you are unable to make your appointment, please notify us as soon as possible. We require a minimum of 24 hours' notice. Failure to give 24 hours' notice may result in a \$25.00 cancellation fee.

Billing:

You will receive a billing statement for any additional balance after your visit and insurance payment was received.

Payment is expected within 14 days of receipt of your statement.

If payment is not received within a billing cycle we may apply a late fee to your account.

Failure to Pay:

In the event your account becomes delinquent we reserve the right to send your outstanding account balance over to an outside collection agency. You will be responsible for any fees charged by the collection agency in addition to our account balance.

Payments:

We accept cash, debit- and credit cards, apple-pay and personal checks. Payments can be mailed-, made in person or over the phone. All payments will be applied in order from oldest to newest balance on your account. – NO exceptions.

I have read and understand the Devine Eyes Financial Responsibility Policy. I agree to pay for any service that my insurance company does not cover. I also understand that Devine Eyes is **not responsible to file with my secondary insurance** unless my primary insurance participates in automatic claims filing.

(Please see the front-desk staff if you have any questions regarding this policy.)

Print Patients Name: _____ Date: _____

Signature of Patient/Guardian or Legal Representative: _____